



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gholam-Reza Zadno-Azizi, *et al.*
Serial No.: 09/081,569
Conf. No.: 4156
Filed: February 21, 2002
For: BODY FLUID FLOW CONTROL
DEVICE
Art Unit: 3738
Examiner: Urmi Chattopadhyay

T-H-
2-11-02
7/Reg
for
Rec
I hereby certify that this paper and the attached papers are being deposited with the United States Postal Service as Express Mail # EV175669114 US in an envelope addressed to:

Commissioner for Patents
U.S. Patent and Trademark Office
PO Box 2327
Arlington, VA 22202, on this date.

1/29/03
Date

REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. § 1.111

Commissioner for Patents
U.S. Patent and Trademark Office
PO Box 2327
Arlington, VA 22202

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FEB 04 2003

TECHNOLOGY CENTER R3700

Dear Sir:

In response to the Office Action mailed November 14, 2002, please consider the following remarks:

REMARKS

Claims 16-25 are pending in the instant application and claims 16-19 are the subject of the Office Action mailed November 14, 2002. Applicants added claims 16-19 to the instant application in a preliminary amendment dated August 16, 2002. Applicants also added claims 20-25 to the instant application in a second preliminary amendment dated November 7, 2002. However, the Examiner apparently had not yet received the second preliminary amendment at the time the Office Action was mailed. Thus, claims 20-25 have not yet been examined. The examiner is requested to consider 37 C.F.R. § 1.606 when examining claims 20-25.



09-03-03

P 3738

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Assistant Commissioner for Patents
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Arlington, VA 22202

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TECHNOLOGY CENTER R3700

Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Request for Reconsideration Under 37 CFR § 1.111. Also enclosed are:
☒ Return Postcard
☐ Request for Interference Under 37 C.F.R. § 1.607(a)
☐ Revocation of Prior Power of Attorney
2. Fee Calculation
☒ No additional claim fee is required.
☐ Amendment increases number of claims

ADDITIONAL CLAIM FEE CALCULATION

	Claims After Amendment Less Number Paid For	Number Extra	Rate	Fee
Total Claims	10 - 20 = 0	0	x \$ 18/9 =	\$.00
Independent Claims	6 - 6 = 0	0	x \$ 84/42 =	\$.00

* If less than zero, enter "0".

Additional Claim Fee\$0.00

3. As a small entity applicant is entitled to a 50% reduction in fees:\$0.00

4. Applicant hereby petitions for an Extension of Time of ____ month, pursuant
to Rule 1.136(a). Fee required \$\$0.00

5. Other fees due: Specify:\$0.00

Total Fees Due.....\$0.00

6. Payment of Fees

☐ A check in the amount of \$0.00 is enclosed.
☐ Charge Deposit Account No. 50-1213 in the amount of \$. A duplicate of this transmittal is attached.

7. ☒ The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR §1.16 or § 1.17 to Account No. 50-1213, referencing Docket No. 38349-0102D. A duplicate sheet is attached.

By:
Fred C. Hernandez
Reg. No. 41,832